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Application Number	09/844,613
Filing Date	05/28/08
First Named Inventor	KEVIN CATTENHEAD
Art Unit	3765
Examiner Name	JAMES SMITH
Attorney Docket Number	

**I hereby revoke all previous powers of attorney given in the above-identified application.**☐ A Power of Attorney is submitted herewith.**OR**☐ I hereby appoint the practitioners associated with the Customer Number: ☒ Please change the correspondence address for the above-identified application to:☐ The address associated with  
Customer Number: **OR**☒ Firm or  
Individual Name **KEVIN CATTENHEAD**Address **PO BOX 78683**City **LOS ANGELES** State **CA** Zip **90016**Country **UNITED STATES**Telephone **213-453-1845** Email **ren-el corp@hotmail.com**

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)***SIGNATURE of Applicant or Assignee of Record**

Signature

Name **KEVIN CATTENHEAD**Date **05/28/2008** Telephone **213-453-1845**

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 1 forms are submitted.

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